

Substitute for Form PTO-875

Application or Docket Number
10/642667

(Column 1)	(Column 2)
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OTHER THAN SMALL ENTITY	
OR	
OR	\$.
OR	x \$
OR	x \$
OR	x \$
OR	TOTAL

TOTAL

(Column 1)	(Column 2)	(Column 3)
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3		

OR

OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE
X \$ 50 <small>PER PAGE PER YEAR</small>	
X \$ 200 <small>PER PAGE PER YEAR</small>	
\$ <small>PER PAGE PER YEAR</small>	
TOTAL ADD'L FEE	

TOTAL
ADD: 550

	RATE	ADDITIONAL FEE
ONE	1. \$ _____	
TWO	2. \$ _____	
THREE	3. \$ _____	
FOUR	4. \$ _____	
	TOTAL	
	ADDITIONAL FEE	

TOTAL

RATE	ADDITIONAL FEE
1 \$ _____	
2 \$ _____	
3 \$ _____	
4 \$ _____	
TOTAL ADDITIONAL FEE	

TOTAL
4001.55

¹¹ If the highest amount previously paid for the SBAEL is less than 20, enter "20".

*** If the Highest Number Privately Paid for the HHS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate bar in column 1.

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